

CLAIMS ONLY						
Application Number 10-658440						Filing Date
Applicant(s)						
* May be used for additional claims or amendments						
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
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Total Indep	2					
Total Depend	15					
Total Claims	17					
* May be used for additional claims or amendments						
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Total Indep						
Total Depend						
Total Claims						

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Total Indep	2					
Total Depend	15					
Total Claims	17					